

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Mar 05 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20309 (1)**  
1. Corporation Name  
**NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA INCORPORATED**



Principal Place of Business <b>19100 SUSANA ROAD RANCHO DOMINGUEZ CA 90221</b>	Mailing Address <b>19100 SUSANA ROAD RANCHO DOMINGUEZ CA 90221</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	P.O. Box 5808	08/01/1988	
22	City & State	27	Long Beach, CA	4. FEI Number	
23	Zip	28	90805-0750	95-2488300	
24	Country	29	Country	Applied For	
		30		Not Applicable	
g. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
FLORIDA INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE FL 32399				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE FL 32399				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>CLARY, JAMES R.</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>19100 SUSANA ROAD</b>	1.2 NAME	
STREET ADDRESS	<b>RANCHO DOMINGUEZ CA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Rancho Dominguez, CA 90221</b>
TITLE	D <b>BARSE, DAVID M.</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>767 THIRD AVE., 15TH FLOOR</b>	2.2 NAME	
STREET ADDRESS	<b>NEW YORK NY</b>	2.3 STREET ADDRESS	<b>767 Third Avenue, 5th Floor</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>New York, NY 10017-2023</b>
TITLE	S <b>ERWIN, THERESA T.</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>19100 SUSANA ROAD</b>	3.2 NAME	
STREET ADDRESS	<b>RANCHO DOMINGUEZ CA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Rancho Dominguez, CA 90221</b>
TITLE	VD <b>KRANTZ, JAMES A</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>19100 SUSANA ROAD</b>	4.2 NAME	
STREET ADDRESS	<b>RANCHO DOMINGUEZ CA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Rancho Dominguez, CA 90221</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D Michael T. Carney</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>767 Third Avenue, 5th Floor</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>New York, NY 10017-2023</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D Martin J. Whitman</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>767 Third Avenue, 5th Floor</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>New York, NY 10017-2023</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)